

Mississippi Secretary of State  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-6698	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE 02/01/2013	Name or number of rule(s): Administrative Code Title 23: Division of Medicaid Part 202 Hospital Services, Chapter 4 Organ Transplant, Rule 4.17: Peripheral Stem Cell Transplant		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

This proposed filing to the MS Administrative Code Title 23 Medicaid, Part 202 Hospital Services, Chapter 4: Organ Transplant, Rule 4.17: Peripheral Stem Cell Transplant to include criteria for autologous stem cell transplant.

Specific legal authority authorizing the promulgation of rule: MS Code §43-13-121; 42 CFR §482.90-104

List all rules repealed, amended, or suspended by the proposed rule: Title 23 Medicaid, Part 202 Hospital Services, Chapter 4: Organ Transplant, Rule 4.17 Peripheral stem Cell Transplant

**ORAL PROCEEDING:**

☐ An oral proceeding is scheduled for this rule on Date: Time: Place:

☒ Presently, an oral proceeding is not scheduled on this rule.

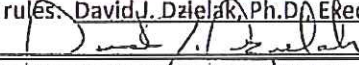
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


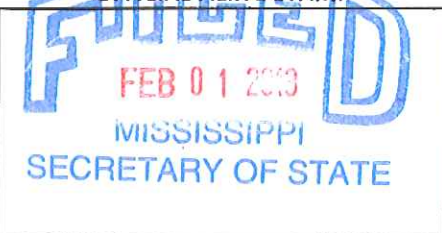

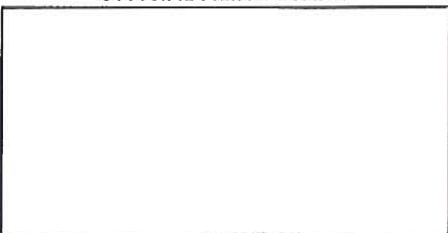
**ECONOMIC IMPACT STATEMENT:**

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify):	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): 04/01/2013	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify):

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D. Executive Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
 Accepted for filing by	 Accepted for filing by 	 Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.